

# Disclosure Report Cover

APR 28 2014

Amendment

☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
Do not use this form to update information.

## 1. Committee Information

|   |                 |
|---|-----------------|
| a. Full Name  | c. ID Number    |
| THE COMMITTEE TO ELECT BRYAN KING COMMISSIONER        |                 |
| b. Mailing Address (include City, State and Zip Code) | d. Date Filed   |
| 182 BENT CREEK<br>RUTHERFORDTON, NC 28139             | 04/28/2014      |
|   | e. Phone Number |
|   | (828) 395-1728  |

|                |                                 |                               |                        |
|----------------|---------------------------------|-------------------------------|------------------------|
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2014           | 01/01/2014                      | 04/19/2014                    | BRYAN A KING           |

|   |   |   |
|---|---|---|
| 6. Type of Committee (Check One)  | 9. Type of Report (check only one type of report from one category)   | 10. Special Report Name   |
| <input checked="" type="checkbox"/> Candidate Campaign<br><input type="checkbox"/> Joint Fundraiser<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Legal Expense Fund | <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special | <b>State/County</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input checked="" type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special |
| 7. Type of Fund (if applicable, check one)  |   |   |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Presidential Election Year Candidates Fund<br><input type="checkbox"/> NC Public Campaign Financing Fund<br><input type="checkbox"/> Other:   |   |   |
| 8. Number of Fundraisers this Report  |   |   |
| 0   |   |   |

|                                    |                         |                                    |                         |
|------------------------------------|-------------------------|------------------------------------|-------------------------|
| 3. Account Information             |                         | 3. Account Information             |                         |
| a. Financial Institution Full Name |                         | a. Financial Institution Full Name |                         |
| FIFTH THIRD BANK                   |                         |                                    |                         |
| b. Purpose                         | c. Account Code         | b. Purpose                         | c. Account Code         |
| CAMPAIGN EXPENSES                  | 1                       |                                    |                         |
|                                    | d. Period Begin Balance |                                    | d. Period Begin Balance |
|                                    | \$                      |                                    | \$                      |

**CERTIFICATION**

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

BRYAN A KING [Signature] 04/28/2014  
Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

Date Received: 4/28/14 Employee: DL Delivery Method  
☐ Normal Mail  
☐ Registered Mail  
☒ Hand Delivered  
☐ Electronically Filed

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_  
Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_  
Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_  
☐ Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Detailed Summary

Amendment

☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information

|  |  |                                    |  |                                  |  |
|--|--|------------------------------------|--|----------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                       |  | <b>2. Type of Report</b>           |  | <b>3. ID Number</b>              |  |
| THE COMMITTEE TO ELECT BRYAN KING<br>COMMISSIONER                            |  | 2014 First Quarter                 |  |                                  |  |
| <b>Start of Election Cycle: January 1, 2013</b>                              |  | <b>Total this Reporting Period</b> |  | <b>Total this Election Cycle</b> |  |
| 4) Cash on Hand at Start   |  | \$ 50.00                           |  | \$ 0.00                          |  |
| <b>RECEIPTS</b>  |  |                                    |  |                                  |  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 6) Contributions from Individuals (CRO-1210)                                 |  | \$ 200.00                          |  | \$ 250.00                        |  |
| 7) Contributions from Political Party Committees (CRO-1220)                  |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 8) Contributions from Other Political Committees (CRO-1230)                  |  | \$ 250.00                          |  | \$ 250.00                        |  |
| 9) Loan Proceeds (CRO-1410)  |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 10) Refunds/Reimbursements to the Committee (CRO-1240)                       |  | \$ 39.32                           |  | \$ 39.32                         |  |
| 11) Other Receipt Sources  |  |                                    |  |                                  |  |
| 11a) Interest on Bank Accounts (CRO-1250)                                    |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250)              |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 11c) Outside Sources of Income (CRO-1250)                                    |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 11d) Legal Expense Fund- Other Sources (CRO-1270)                            |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 11e) Exempt Purchase Price Sales (CRO-1265)                                  |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)      |  | \$ 489.32                          |  | \$ 539.32                        |  |
| <b>EXPENDITURES</b>  |  |                                    |  |                                  |  |
| 13) Disbursements  |  |                                    |  |                                  |  |
| 13a) Operating Expenditures (CRO-1310)                                       |  | \$ 160.79                          |  | \$ 160.79                        |  |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)             |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 13c) Coordinated Party Expenditures (CRO-1310)                               |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                             |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 15) Loan Repayments (CRO-1420)   |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 16) Refunds/Reimbursements from the Committee (CRO-1320)                     |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 17) In-Kind Contributions (CRO-1510)   |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |  | \$ 160.79                          |  | \$ 160.79                        |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |  | \$ 378.53                          |  | \$ 378.53                        |  |
| <b>ADDITIONAL INFORMATION</b>  |  |                                    |  |                                  |  |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)                  |  | \$ 0.00                            |  |                                  |  |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)           |  | \$ 0.00                            |  |                                  |  |
| 22) Debts and Obligations owed by the Committee (CRO-1610)                   |  | \$ 0.00                            |  |                                  |  |
| 23) Debts and Obligations owed to the Committee (CRO-1620)                   |  | \$ 0.00                            |  |                                  |  |
| 24) Account Transfers Within the Committee (CRO-1720)                        |  | \$ 0.00                            |  |                                  |  |
| 25) Administrative Support (CRO-1710)  |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 26) Forgiven Loans (CRO-1440)  |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 27) 48-Hour Notice Reports Sum (CRO-2220)                                    |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 28) Contributions to be Refunded (CRO-1215)                                  |  | \$ 0.00                            |  | \$ 0.00                          |  |

# Contributions from Individuals

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|  |                        |                           |  |                             |                                |  |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  |                             | <b>2. ID Number</b>            |  |
| THE COMMITTEE TO ELECT BRYAN KING COMMISSIONER   |                        |                           |  |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>               |                             | <b>d. Comments</b>             |  |
| KIM KING<br>PO BOX 230<br>RUTHERFORDTON, NC 28139  |                        |                           | VICE PRESIDENT                               |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b>     |                             |                                |  |
|  |                        |                           | LAKESIDE MILLS INC                           |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 50.00                       |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | 1                      | Check                     |  | 01/07/2014                  | \$ 50.00                       |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>               |                             | <b>d. Comments</b>             |  |
| PAULA STALEY<br>153 BRIARWOOD DR<br>RUTHERFORD, NC 28139   |                        |                           | ATTORNEY                                     |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b>     |                             |                                |  |
|  |                        |                           | Justice, Public Order, and Safety Activities |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 50.00                       |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | 1                      | Check                     |  | 03/15/2014                  | \$ 50.00                       |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>               |                             | <b>d. Comments</b>             |  |
| MARCUS WHITE<br>1629 US HWY 221S<br>FOREST CITY, NC 28043  |                        |                           | BANKING                                      |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b>     |                             |                                |  |
|  |                        |                           | FIRST CITIZENS BANK                          |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 100.00                      |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | 1                      | Check                     |  | 02/07/2014                  | \$ 100.00                      |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 200.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |  |                             | \$ 200.00                      |  |

# Contributions from Other Political Committees Pg 1 of 1

Amendment  
☐ Yes ☒ No

Use this form to report contributions from other candidate, referendum or PAC committees

|   |                           |                               |  |                     |                                |
|---|---------------------------|-------------------------------|--|---------------------|--------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |                               |  | <b>2. ID Number</b> |                                |
| THE COMMITTEE TO ELECT BRYAN KING COMMISSIONER  |                           |                               |  |                     |                                |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                               |  |                     |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>MICHAEL DEAN HAGER CAMPAIGN FUND<br>342 WALKING HORSE LN<br>RUTHERFORDTON, NC 28139 |                           |                               | <b>b. Type of Committee</b>  |                     | <b>d. Comments</b>             |
|   |                           |                               | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC       |                     |                                |
|   |                           |                               | <input type="checkbox"/> Referendum  |                     |                                |
|   |                           |                               | <b>c. Level Registered (Specify)</b>   |                     |                                |
|   |                           |                               | <input type="checkbox"/> Federal <input type="checkbox"/> County:                |                     | <b>e. Election Sum to Date</b> |
|   |                           |                               | <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: |                     |                                |
|   |                           |                               |  |                     | \$ 250.00                      |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. In-Kind Description</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>    |                                |
| 1   | Check                     |                               | 03/02/2014   | \$ 250.00           |                                |
|   |                           |                               |  | \$                  |                                |
|   |                           |                               |  | \$                  |                                |
| <b>4. Total only this Page</b>  |                           |                               |  | \$ 250.00           |                                |
| <b>5. Total of ALL CRO-1230 Pages</b><br>(This line must be on line 8 of Detailed Summary Page CRO-1100)  |                           |                               |  | \$ 250.00           |                                |

CRO-1230

NC State Board of Elections

April 2007

# Refunds/Reimbursements To the Committee

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

|   |                           |  |  |                                     |                                     |
|---|---------------------------|--|--|-------------------------------------|-------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |  |  | <b>2. ID Number</b>                 |                                     |
| THE COMMITTEE TO ELECT BRYAN KING COMMISSIONER  |                           |  |  |                                     |                                     |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |                           |  |  |                                     |                                     |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                           |  | <b>d. Type of Committee</b>  |                                     | <b>g. Comments</b>                  |
| RUTHERFORD COUNTY BOARD OF ELECTIONS<br>PO BOX 927<br>RUTHERFORDTON, NC 28139                             |                           |  | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC  |                                     |                                     |
|   |                           |  | <input type="checkbox"/> Referendum <input type="checkbox"/> Party   |                                     |                                     |
|   |                           |  | <b>e. Level Registered (Specify)</b>   |                                     |                                     |
|   |                           |  | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                     |                                     |
|   |                           |  |  |                                     | <b>h. Original Expenditure Date</b> |
|   |                           |  |  |                                     | 02/11/2014                          |
|   |                           |  |  |                                     | <b>i. Original Expenditure Amt</b>  |
|   |                           |  |  |                                     | \$ 106.27                           |
| <b>b. Job Title/Profession</b>  |                           | <b>c. Employer's Name/Specific Field</b> |  | <b>f. Purpose</b>                   |                                     |
|   |                           |  |  | REFUND. BOD<br>MISCALULATED ORIGNAL |                                     |
|   |                           |  |  | <b>j. Election Sum to Date</b>      |                                     |
|   |                           |  |  | \$ 66.95                            |                                     |
| <b>k. Account Code</b>  | <b>l. Form of Payment</b> | <b>m. In-Kind Description</b>            |  | <b>n. Date (mm/dd/yyyy)</b>         | <b>o. Amount</b>                    |
| 1   | Check                     |  |  | 02/24/2014                          | \$ 39.32                            |
| <b>4. Total only this Page</b>  |                           |  |  |                                     | \$ 39.32                            |
| <b>5. Total of ALL CRO-1240 Pages</b><br>(This line must be on line 10 of Detailed Summary Page CRO-1100) |                           |  |  |                                     | \$ 39.32                            |

CRO-1240

NC State Board of Elections

December 2007



# Disbursements

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

|  |                     |                 |                      |  |                      |                                     |  |
|--|---------------------|-----------------|----------------------|--|----------------------|-------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                     |                 |                      |  |                      | <b>2. ID Number</b>                 |  |
| THE COMMITTEE TO ELECT BRYAN KING COMMISSIONER   |                     |                 |                      |  |                      |                                     |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>  |                     |                 |                      |  |                      |                                     |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                     |                 |                      |  |                      |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                     |                 |                      |  |                      |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                     |                 |                      | b. Coordinated Committee Name  |                      | d. Comments                         |  |
| FIFTH THIRD BANK<br>NC   |                     |                 |                      |  |                      |                                     |  |
|  |                     |                 |                      | c. Level Registered (Specify)  |                      |                                     |  |
|  |                     |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      | e. Election Sum to Date             |  |
|  |                     |                 |                      |  |                      | \$ 17.00                            |  |
| f. Account Code  | g. Form of Payment  | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks  |                                     |  |
| 1  | Electric Funds Tran | K               | 02/12/2014           | \$ 3.00  | BANK SERVICE CHARGE  |                                     |  |
| 1  | Electric Funds Tran | K               | 03/12/2014           | \$ 14.00   | SERVICE CHARGER      |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                     |                 |                      |  |                      |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                     |                 |                      | b. Coordinated Committee Name  |                      | d. Comments                         |  |
| FIFTH THIRD BANK<br>NC   |                     |                 |                      |  |                      |                                     |  |
|  |                     |                 |                      | c. Level Registered (Specify)  |                      |                                     |  |
|  |                     |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      | e. Election Sum to Date             |  |
|  |                     |                 |                      |  |                      | \$ 37.52                            |  |
| f. Account Code  | g. Form of Payment  | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks  |                                     |  |
| 1  | Electric Funds Tran | K               | 01/27/2014           | \$ 37.52   | DLX BUS FORMS        |                                     |  |
|  |                     |                 |                      | \$   | DEPOSIT SLIPS CHECKS |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                     |                 |                      |  |                      |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                     |                 |                      | b. Coordinated Committee Name  |                      | d. Comments                         |  |
| RUTHERFORD COUNTY BOARD OF ELECTIONS<br>PO BOX 927<br>RUTHERFORDTON, NC 28139  |                     |                 |                      |  |                      |                                     |  |
|  |                     |                 |                      | c. Level Registered (Specify)  |                      |                                     |  |
|  |                     |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      | e. Election Sum to Date             |  |
|  |                     |                 |                      |  |                      | \$ 66.95                            |  |
| f. Account Code  | g. Form of Payment  | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks  |                                     |  |
| 1  | Check               | H               | 02/11/2014           | \$ 106.27  | FILING FEE           |                                     |  |
|  |                     |                 |                      | \$   |                      |                                     |  |
| <b>5. Total only this Page</b>   |                     |                 |                      |  |                      | \$ 160.79                           |  |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                     |                 |                      |  |                      |                                     |  |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)   |                     |                 |                      |  |                      |                                     |  |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)   |                     |                 |                      |  |                      |                                     |  |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)   |                     |                 |                      |  |                      | \$ 160.79                           |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                     |                 |                      |  |                      |                                     |  |
| A* - Media   |                     | B* - Printing   |                      | C* - Fundraising   |                      | D - To Another Candidate            |  |
| E - Salaries   |                     | F* - Equipment  |                      | G - Political Party  |                      | H* - Holding Public Office Expenses |  |
| I - Postage  |                     | J - Penalties   |                      | K* - Office Expenses   |                      | Q* - Donation to Legal Expense Fund |  |
| O* Other   |                     |                 |                      |  |                      |                                     |  |
| * Codes require detailed explanation in required remarks field (k)   |                     |                 |                      |  |                      |                                     |  |